

WITHDRAWN / NO TSD

Part A, Permit Process --- Internal Checklist

ID Number KYD 000 735 845 Inst Name Illinois CEN GOLF RR CO

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 1 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 3 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 & 3	Postmarked on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Notif. record	Notifier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
"	Notified on or before August 18, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 1, XIII B signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 3, IX B Signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO ✓

1	Unsure if regulated or non-regulated?	<input type="checkbox"/>	<input type="checkbox"/>
3	New facility?	<input type="checkbox"/>	<input type="checkbox"/>
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info____; waste info____; owner____; sigs____.		

PHASE THREE ✓

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:	
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DOCKET NO. 0000004

Log out/Log in
on reverse side.

Received Date Stamp

NOT

KY000735845

(Stamp forms also)

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